

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/31497
FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/								
2	/								
3	2								
4	2								
5	1								
6	1								
7	1								
8	1								
9	1								
10	1								
11	1								
12	1								
13	2								
14	2								
15	1								
16			1						
17			1						
18			1						
19			1						
20			1						
21			1						
22			1						
23			1						
24			1						
25			1						
26			1						
27			1						
28			1						
29			1						
30			1						
31									
32									
33									
34									
35									
36									
37									
38									
39									
40									
41									
42									
43									
44									
45									
46									
47									
48									
49									
50									
TOTAL IND.	2		4						
TOTAL DEP.	15		12						
TOTAL CLAIMS	17		16						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS